



Toward Father-friendly Parenting Interventions: A Qualitative Study

Gemma Sicouri¹, Lucy Tully¹, Daniel Collins¹, Matthew Burn¹, Kristina Sargeant¹, Paul Frick², Vicki Anderson³, David Hawes¹, Eva Kimonis⁴, Caroline Moul¹, Roshel Lenroot⁴ and Mark Dadds¹

¹ University of Sydney, Sydney

² Australian Catholic University, Brisbane & Louisiana State University, Baton Rouge

³ Royal Children's Hospital, Melbourne

⁴ University of NSW, Sydney

Levels of father participation in parenting interventions are often very low, yet little is known about the factors which influence father engagement. We aimed to qualitatively explore perceived barriers to, and preferences for, parenting interventions in a community sample of fathers. Forty-one fathers across nine focus groups were interviewed using a semi-structured interview. Data were analysed using inductive thematic analysis. Key barriers to father participation identified included: the perception that interventions are mother-focused; beliefs about gender roles regarding parenting and help-seeking; mothers' role as 'gatekeeper'; lack of knowledge and awareness of parenting interventions; and lack of relevance of interventions. Fathers reported preferences for specific content and intervention features, facilitator characteristics, practical factors, and highlighted the need for father-targeted recruitment and advertising. Many of the barriers and preferences identified are consistent with previous research; however, fathers' beliefs and attitudes around gender roles and help-seeking, as well as the perception that interventions are predominantly mother-focused, may be key barriers for community fathers. Strategies to overcome these barriers and better meet the needs of fathers in promoting and delivering parenting interventions are discussed.

Keywords: intervention research, parenting, fathers, families, child behaviour, qualitative methodology

Key Points

- 1 Father participation in parenting interventions is likely to be critical for optimising child outcomes, yet father participation rates are generally low, and the reasons for this are poorly understood.
- 2 Through focus group research, this paper qualitatively explored fathers' perceived barriers to, and preferences for, participation in parenting interventions. By including a community sample of fathers and employing a larger sample size than previous studies, this research may be relevant to a broad range of fathers in the community.
- 3 Fathers reported a number of preferences for parenting interventions, relating to recruitment and advertising, intervention content and features, facilitator characteristics, and practical factors.
- 4 Several key barriers to engagement were identified, including fathers' perceptions that parenting interventions are predominantly mother-focused, and beliefs around gender roles.
- 5 The findings of this study have important implications for the targeting and tailoring of parenting interventions in order to increase father engagement.

Parenting plays a unique and important role in shaping processes associated with childhood wellbeing (Van Ijzendoorn & Bakermans-Kranenburg, 2017). Relatedly, parenting interventions, which focus on enhancing the quality and consistency of

Address for correspondence: Lucy Tully, School of Psychology, University of Sydney, Sydney, Australia. lucy.tully@sydney.edu.au

parenting, have positive effects on childhood cognitive, behavioural, health, and education outcomes, particularly for children with behavioural and emotional problems (Comer et al., 2013; Kaminski & Claussen, 2017). The success of parenting interventions, however, may depend on the ability to effectively engage both mothers and fathers (Piotrowska et al., 2016). Evidence suggests that the participation of fathers (along with mothers) in parenting interventions for child behavioural problems can lead to improved outcomes for children (Lundahl, Tollefson, Risser, & Lovejoy, 2008), yet fathers have low rates of participation (Panter-Brick et al., 2014) and the reasons for this are unclear. It is therefore critical to understand fathers' perspectives regarding parenting interventions, in order to optimise father involvement. We report on a qualitative study with a community sample of fathers to investigate perceived barriers to participation in, and preferences for, parenting interventions.

Many studies of parenting interventions, which are usually delivered to parents individually or in groups by a trained practitioner, do not report on the participation rates of fathers. However, when rates are reported, only around 20% of those enrolling are fathers (Fletcher, Freeman, & Matthey, 2011). However, father involvement in parenting programs is important for enhancing child outcomes (Lundahl et al., 2008). There are likely to be several reasons why involving fathers (as well as mothers) in parenting interventions is likely to result in improved child outcomes, including: increased inter-parental consistency in the implementation of parenting practices; addressing harsh or coercive parenting practices of both parents; and reducing parenting conflict. While there are clearly enhanced outcomes for children when both parents, known as the 'parenting team,' participate in parenting interventions, findings from meta-analytic reviews suggest that fathers who take part may not actually benefit as much as mothers in terms of magnitude of changes in parenting (Fletcher et al., 2011; Sanders, Kirby, Tellegen, & Day, 2014). One possible reason for the lower participation and efficacy rates for fathers relative to mothers is that interventions have primarily been developed to appeal to mothers, and may not address the needs and preferences of fathers (Helfenbaum-Kun & Ortiz, 2007).

There is a paucity of research investigating fathers' low participation rates in parenting interventions. The studies conducted to date mainly consist of brief literature reviews (Anderson, Aller, Piercy, & Roggman, 2015; Fabiano, 2007; Meyers, 1993) or practitioner surveys (Duhig, Phares, & Birkeland, 2002; Glynn & Dale, 2015). While some surveys with fathers have been conducted, the barriers and preferences identified were predetermined by response options selected by researchers rather than those actually reported by fathers (Frank, Keown, Dittman, & Sanders, 2015; Tully et al., 2017). Other potential limitations of survey data include differences in interpretation of questions and/or response options.

A richer insight may be gained using qualitative analysis of fathers' perspectives. A handful of qualitative studies have provided useful insights into fathers' perceptions of barriers to participation in parenting interventions. This research has identified barriers such as fathers' low levels of awareness of parenting interventions (Bayley, Wallace, & Choudhry, 2009; Stahlschmidt et al., 2013) as well as personal beliefs about parenting interventions such as challenges to masculine identity, and stigma around help-seeking (Berlyn, Wise, & Soriano, 2008; Cosson & Graham, 2012; Dolan, 2014; Scourfield, Allely, Coffey, & Yates, 2016). While fatherhood is changing and fathers are more involved in child care than ever before (Craig, Mullan, & Blaxland, 2010), expectations for fatherhood continue to reflect dominant masculine norms

such as regarding division of labour, providing for the family, and a lack of emotional expression (Petts, Shafer, & Essig, 2018). While these traditional beliefs around masculinity may increase stigma around seeking help for parenting or child behaviour (Berlyn et al., 2008), there may also be other non-gendered factors contributing to help-seeking stigma. Other barriers to participation in parenting programs include those relating to the family, such as the non-participation of a partner in the intervention (Salinas, Smith, & Armstrong, 2011), and organisational or service barriers, for example, the perception that services are mother-oriented (Cosson & Graham, 2012). Practical barriers to engagement in parenting interventions have also been identified, including work commitments, lack of time, and travel distance (Salinas et al., 2011). Recommendations arising from this research include father-specific advertising, flexible service provision, and emphasising to mothers the value of father involvement (Bayley et al., 2009; Salinas et al., 2011).

In addition to exploring barriers to participation, it is also important to examine fathers' preferences for parenting program content, delivery, or features. For example, fathers have reported that the factors most important to their decision to participate include information about intervention effectiveness, content that is relevant to the child's difficulties, and the use of practical skills-based activities in the intervention (Frank et al., 2015). Fathers have also identified a preference for male facilitators, and interventions delivered in face-to-face and group formats (Frank et al., 2015; Scourfield et al., 2016).

There are two limitations to the qualitative research to date which may attenuate the conclusions that can be drawn. First, with the exception of one small study with 15 fathers (Frank et al., 2015), all of the studies recruited fathers who had previously participated in parenting interventions. This means that the perspectives of fathers who have not taken part in parenting interventions remain underexplored. Further, these studies are likely to have attracted fathers who were motivated to participate in interventions, or for whom contact with the parenting intervention providers had been a positive experience. As such, the findings may have limited applicability to fathers who have had a negative experience of parenting interventions, or those who have not previously participated.

Second, while qualitative methodology is generally suited to small sample sizes, most qualitative studies to date have relied on small sample sizes ($N \leq 30$), or a limited number of focus group interviews ($N \leq 5$); therefore, it may be that some important themes pertaining to father engagement have not been captured. Similarly, many previous studies have only focused on specific samples of fathers, for example, fathers of at-risk children (Scourfield et al., 2016). For these reasons, findings from previous research may not be generalisable to fathers in the broader community. Community samples are thus needed, including fathers from a wider demographic spectrum and those who have not participated in parenting interventions.

In summary, there is limited qualitative research investigating fathers' perceptions of barriers to participation in, and preferences for, parenting interventions. Qualitative studies have the benefit of providing a richer insight into participants' experiences than survey data; however, to date the majority of qualitative studies on father engagement in parenting interventions have focused on fathers who have previously participated in interventions, and relied on small sample sizes or particular sub-samples of fathers. To address these limitations, we recruited an unselected community

sample of fathers and examined their perspectives on barriers to, and preferences for, parenting interventions.

Method

Participants

Participants were eligible to participate in the study if they were fathers or male caregivers aged 18 and over who lived in Australia and had a child aged 2–16 years. Eligible participants were invited to participate in focus groups via social media advertisements, or flyers distributed to seven organisations in New South Wales (NSW) and Queensland (QLD) that offered parenting services to families. Focus groups were conducted between October 2015 and May 2016.

A total of 41 participants took part across nine focus groups (group sizes ranged between 2 and 9 participants). Focus groups took place at the site of recruitment, namely: two government early childhood services ($n = 6$), two non-government organisations ($n = 8$), a dedicated father support group ($n = 9$), a university psychology clinic ($n = 6$), and a charity providing services for children from regional NSW (three groups; $n = 12$). Two of the groups took place in QLD and seven in NSW. The characteristics of participants are shown in Table 1.

Procedure

This study formed part of a larger project which aimed to enhance the engagement of fathers in parenting interventions in Australia. Promotional materials directed interested participants to contact a member of the project team to find out more about participation, and eligibility was ascertained at that time. Potential participants then received written information about the study, and those who agreed to participate were offered a time to join a focus group. Before the focus group interviews were

TABLE 1

Participant characteristics ($n = 41$)

Variable	n (%)
Father marital status	
Single	7 (17)
Married	20 (49)
Defacto	6 (14)
Separated/divorced	8 (20)
Father level of education	
< 10 years	13 (31)
12 years	12 (29)
University degree	16 (39)
	Mean (SD)
Father age in years	41.78 (8.41)
Number of children in family	1.93 (0.97)
Average age of first-born child	6.24 (4.88)

conducted, all participants read an information statement and provided written consent to participate, then completed brief demographic questionnaires. All interviews were facilitated in person by two researchers (LT, KM, DC, or MB), at least one of whom was a registered psychologist (LT or KM). Interviews were audio-recorded. Each interview lasted for approximately one-and-a-half hours. The study was approved by the University of Sydney Human Research Ethics Committee.

Data collection and analysis

The semi-structured interview contained open-ended questions, combined with a series of probing questions, which were designed to elicit fathers' preferences for parenting interventions and perceived barriers to engagement. Examples of questions included: 'Have you participated in a parenting program?'; 'If so, what was helpful and not helpful?'; 'If not, what are the reasons you have not participated in a parenting program?'; and 'What sorts of things would make it likely for you to take part in a parenting program in the future?' Other questions focused on ways to increase the appeal and acceptability of parenting interventions for fathers. Although participants answered questions individually, they were encouraged to talk with each other based on the notion that group interaction encourages respondents to explore and clarify individual and shared perspectives (Morgan, 1996).

Focus group interviews were transcribed verbatim from the digital recordings and de-identified. Each transcribed text was reviewed by the facilitators for accuracy. The transcribed text was analysed using an inductive thematic analysis which included three steps (Braun & Clarke, 2006). First, researchers listened to audio recordings and then the text was read several times, to increase familiarity with the content and form an impression of the overall content. Second, an initial coding framework was developed by identifying words and phrases in the transcripts which described fathers' perspectives of parenting interventions and identified barriers. Third, codes were collated into potential themes which were continuously reviewed and refined. The development of codes and themes was conducted in regular consultation with the research team to substantiate the results. One researcher (GS) coded every focus group transcript; in addition, a second researcher (KS) coded three (33%) of the transcripts. Double-coded interviews were compared and discrepancies were resolved through consensus. Coding and analysis was assisted using the qualitative data software, NVivo (version 11).

Results

Themes that emerged from the analysis were organised into: (1) barriers to father engagement in parenting interventions; and (2) father preferences for, and beliefs about, parenting interventions.

Barriers to engagement

Perception that interventions are mother-focused. Fathers perceived parenting interventions as predominantly mother-focused. This gender bias was reported to be evident in the content of interventions, promotion/advertising (including wording and branding), and high rates of female attendance. Fathers reported there was stigma associated with attending groups with mothers and if they did attend, they often felt uninvolved or unwelcome.

Question from interviewer: So when we use the term Parenting Program, what does everybody think about that?

Response from participant: Mother program.

Gender roles regarding parenting and help-seeking. Fathers indicated that beliefs about gender roles served as a barrier to involvement in parenting and parenting interventions. They perceived mothers as the primary caregiver, and felt that being a more actively involved father conflicted with their traditional role of ‘provider.’ Fathers reported a lack of confidence in parenting, and felt that mothers were ‘better’ parents. Fathers also reported stigma associated with asking for help, as they viewed this as a sign of weakness or an indication that they were not coping. Others acknowledged that attitudes about fathers’ roles are gradually shifting in society.

I think we as men are really bad at asking for help . . . if you ask for help you’re admitting you’re not coping and you’re not doing it [parenting] really well.

Mothers’ role as ‘gatekeeper’. Fathers reported that discouragement from their partners – either in relation to participating in an intervention or taking on a more active parenting role – would be a barrier to engagement in a parenting intervention. Conversely, fathers reported that if their partner encouraged them to take part they would be more likely to do so.

My wife would be going, *what the hell . . . what the hell are you doing on that program? I know exactly what’s going to fix these kids.* Then you have a big bust up.

Lack of knowledge and awareness. Fathers reported not being aware of the existence of parenting interventions or not understanding what was involved in participation, such as the topics covered or time commitment. Another key barrier reported was not knowing whether participation would result in positive outcomes or whether they would find a parenting intervention useful.

Unclear learning outcomes. I want to know why am I doing this, what am I going to get out of this, what am I going to take away . . .

Perception that interventions are not relevant to needs or lack of interest. Fathers reported that they would not take part in an intervention unless their child’s behaviour was challenging; otherwise there would be no benefit to participation. Fathers perceived that parenting interventions could interfere with parenting instincts or that they should already know how to parent without attending an intervention.

I didn’t think I really needed to do one. Like I haven’t really come across any issues yet.

Preferences for, and beliefs about, parenting interventions

Recruitment and advertising factors. Fathers reported that interventions would need to be widely advertised to raise father awareness. They suggested some key messages which would appeal specifically to fathers, such as ‘how to survive fatherhood,’ or

‘investing in our children’; these were preferable to messages which might imply that they are doing a bad job. Some fathers indicated incentives would be needed to encourage participation, such as offering childcare or vouchers, whereas others suggested that incentives would make no difference to their decision to participate. Fathers highlighted that endorsement by credible figures or organisations, evidence of intervention benefit, or a word-of-mouth recommendation would positively influence their decision to participate.

[It would be good to] have some sort of long-standing, well-recognised, possibly even government sponsored endorsement for what they’re doing. Not just someone who stood up and said, *I know how to look after your kids*.

Content. Information that was both relevant and interesting to fathers was highlighted as a key preference; this included interventions tailored to a particular demographic (for example, fathers who live in the country versus the city), their child’s age, or a specific problem. Fathers reported a preference for several topics relevant to child behaviour and parenting in general, including: how to manage their child’s behaviour; understanding their child’s emotions; child development; how to have a positive relationship with their child; managing technology use; and cyberbullying. They also described a preference for father-specific content, such as understanding their role as a father and its importance in child development. Other topics reported as important were: gender-specific relationships (for example, father–daughter relationships versus father–son relationships); content related to managing, as well as normalising, their emotions (for example, anger); information related to self-care; and practical decision-making strategies. Fathers also reported they would be interested in topics that addressed co-parenting or their relationship with their partner.

I think there are opportunities in relationships for husbands and wives to grow stronger together through parenting ... Because being connected actually means you’re doing a better job for your child.

Features. A number of intervention features were reported by fathers as being important, including format, relevance of information, and the measurement of outcomes.

Intervention format – group based. Although fathers acknowledged the benefits of online interventions, such as increased flexibility and accessibility, they reported a preference for face-to-face group interventions – or combining a face-to-face intervention with online resources – due to the benefits of social relationships and learning from others. Relatedly, fathers also reported a preference for interventions to be activity-based or run in social settings (e.g., a pub, a sporting venue). Fathers highlighted that group interventions would only be successful if there was confidentiality and trust amongst group members. Further, they stated a preference for father-only groups, or interventions to be run for existing groups of fathers, as the relationships and trust amongst group members would be well-established.

I think there’s something about the relationships that come out of the groups ... so relationships are key.

Information delivery. Fathers indicated a preference for information delivered in small parts, and reported they would be less likely to participate if information was too academic or lecture-based. They also stated a preference for an experiential component (e.g., observation of father–child interactions or involving children in activities) so they could engage in active learning. Fathers highlighted the importance of having easy access to resources (e.g., online videos or additional reading) and a preference for follow-up contact from the facilitator after intervention completion, to troubleshoot specific issues.

I'd say small chunks. Very small chunks, a few minutes here and there because life's busy.

Focus on measurable outcomes. Fathers stated a preference for measurement of outcomes in relation to parenting skills. They also stated that they would be more likely to attend an intervention if it was a challenge, and there was a competitive or gamification element. Fathers said they would like an acknowledgement of participation (e.g., a certificate) to give them a sense that they had achieved something by taking part.

There's no challenge in a parenting program . . . for a male there's no challenge.

Facilitator characteristics. Fathers reported a preference for having a facilitator who was experienced and qualified in parenting, for instance being a parent themselves or a researcher or trained practitioner in the area. Personal characteristics highlighted as important were being humble, nonjudgmental, engaging, and easygoing. Fathers reported a preference for a male facilitator (for father-only groups), as it would be easier to relate to another male than a female.

If they don't have children they're probably not as experienced as someone who does.

Practical factors. Time constraints were reported as a barrier to engagement in parenting interventions, with fathers preferring flexibility in the scheduling of interventions (e.g., after work hours or on weekends). Fathers indicated that location and travel distance were factors influencing their decision to participate, and would prefer interventions offered locally, with easy access to parking or transport. Offering childcare as part of the intervention was also suggested as being helpful.

I think it's about time and fitting into schedules and that sort of thing.

Discussion

This study explored fathers' perceived barriers to, and preferences for, parenting interventions using thematic analysis. As with previous research, several inter-related barriers and preferences were identified. Barriers included perceptions that interventions are mother-focused, beliefs about gender roles regarding parenting and help-seeking, mothers' role as 'gatekeeper,' lack of knowledge and awareness about parenting interventions, and lack of relevance of interventions to fathers' needs. Fathers reported a number of preferences for, and beliefs about, parenting interventions relating to

recruitment and advertising, intervention content and features, facilitator characteristics, and practical factors.

Fathers reported a belief that interventions were developed for mothers, and that it was predominantly mothers who attended. This has been highlighted in previous research (Bayley et al., 2009), which recommended changing the language used in advertising materials to be more father-inclusive by referring to fathers specifically. In addition, fathers reported a lack of knowledge about, awareness of, or interest in parenting interventions, which have been consistently reported as barriers in other research (Stahlschmidt et al., 2013; Tully et al., 2017). However, research with predominantly mothers has also found a lack of awareness of interventions (Reardon et al., 2016). Therefore, there is a need to implement strategies that raise awareness of parenting interventions in general (e.g., increased advertising), as well as targeting fathers specifically (e.g., advertising in father-friendly venues). Relatedly, fathers saw the need for targeted advertising and education to increase awareness of interventions, as well as the use of messages that might appeal specifically to fathers (e.g., 'how to survive fatherhood').

Another barrier that emerged from this study related to fathers' beliefs around gender roles regarding parenting and help-seeking. While the tension between a father's role (as a caring and nurturing parent) and masculine ideals (as a provider or disciplinarian) has been highlighted in previous qualitative research (Dolan, 2014), other research suggests that fathers no longer identify with the traditional breadwinning role, and perceive themselves as part of the parenting team (Cosson & Graham, 2012). In both of these previous studies, fathers had participated in parenting interventions, whereas the current study included fathers who had not previously participated, so masculine beliefs may be more relevant for fathers who have not participated in parenting interventions. The most plausible reason that masculine beliefs are more relevant for fathers who have not participated in parenting interventions is that fathers who adhere to masculine gender roles are less likely to engage in parenting interventions.

It may also be possible that fathers who have previously participated in parenting interventions have succeeded in changing masculine beliefs, through exposure to the intervention. Parenting interventions aim to change attitudes and beliefs that influence parenting as well as actual parenting practices (Gavita, Joyce, & David, 2011), so it is possible that interventions change masculine beliefs, particularly as they relate to parenting. A recent study found that fathers who adhere to masculine norms show less positive parenting, and more harsh parenting (Petts et al., 2018), and these are the parenting behaviours that interventions target. This study also found that fathers who adhere to strong masculine beliefs minimise the significance of their involvement in parenting (Petts et al., 2018). Thus, fathers with more masculine beliefs may benefit most from parenting programs, and messages regarding the importance of father involvement may be especially important for these fathers. Future research could aim to target fathers who adhere to masculine beliefs around parenting and help-seeking, and explore the use of specific strategies to challenge these beliefs.

The perception that mothers may act as gatekeepers to father involvement in interventions was another factor influencing fathers' decisions to participate. Previous qualitative research has found fathers who report that the influence of their partner encouraging them to attend as the most significant motivational factor for participation (Salinas et al., 2011). Therefore, it is important to educate mothers about the

importance of father involvement. Parenting practitioners should make every effort to engage both mothers and fathers in parenting interventions, rather than work with only the parent who presents at the program, as this will predominantly be mothers (Lechowicz et al., 2017).

Fathers indicated a preference for group formats, and a preference for face-to-face formats over online formats, due to the social benefits and increased opportunities to share ideas on parenting, which is consistent with focus group data (Frank et al., 2015), but is inconsistent with survey data (Frank et al., 2015; Sanders et al., 2010; Tully et al., 2017). This result may be due to sampling bias; that is, participants who participate in focus groups are likely to have a preference for face-to-face formats, whereas participants in online surveys are more likely to have a preference for online formats. It may be that a range of different delivery modalities are needed to meet the needs of a broader group of parents. Fathers also highlighted the appeal of including measurable outcomes and gamification in a parenting intervention, for example, the use of an objective measure of child behaviour or parent–child interactions. A study that included gaming features in an online parenting intervention for vulnerable parents had very high levels of engagement, indicating that gamification as part of an online intervention may increase parental engagement (Love et al., 2016).

In relation to intervention format, fathers reported a clear preference for father-only groups. There is insufficient evidence from previous research to indicate whether fathers are more likely to attend parenting interventions that engage them alone versus participating with their partners (Lechowicz et al., 2017). There is also no evidence to suggest father-only groups deliver superior outcomes; on the contrary, some studies suggest that including only fathers in interventions may result in poorer outcomes for families or children (Cowan et al., 2009; Fabiano, 2007). Therefore, when considering modifications to parenting interventions designed to increase father participation, it is important to balance strategies to appeal to fathers alongside the evidence base regarding intervention effectiveness.

There are mixed findings in previous research regarding whether facilitator gender influences fathers' decisions to participate in parenting interventions. A number of quantitative studies suggest gender of facilitator is not a key factor in fathers' decisions regarding participation (Frank et al., 2015; Sanders et al., 2010; Tully et al., 2017), whereas some qualitative studies have found facilitator gender is an important factor influencing participation (Frank et al., 2015). The fathers in our study preferred a male facilitator for father-only groups (as they felt they could relate more to another male), but not for groups with both parents. However, there were also other facilitator characteristics reported as important, including parenting experience, qualifications, and personal qualities. While we did not explore the relative importance of different facilitator characteristics, factors other than gender may in fact be more important for influencing father engagement, as has been found in previous research (Frank et al., 2015; Scourfield et al., 2016; Tully et al., 2017).

It is important to consider the reasons why fathers in the current sample may have expressed a preference for father-only groups with a male facilitator. It is possible that fathers may simply be more comfortable and more able to discuss specific issues and concerns with group membership that only includes fathers. Given that previous research has highlighted the tensions between masculine and fathering identities (Dolan, 2014; Petts et al., 2018), some men may only feel comfortable with self-disclosure around parenting with other men present. In addition, fathers may perceive

that a male facilitator would better understand their concerns. Given the mixed findings regarding preferences for male facilitators and father-only groups in previous research, exploring the reasons for this could be a priority for future research.

To summarise, there are two main implications of the findings. First, fathers' perceptions that parenting interventions are predominantly mother-focused, combined with beliefs around gender roles in parenting and help-seeking, highlight the importance of promoting father involvement in parenting interventions. This could be achieved through father-focused advertising and the use of media campaigns which include fathers as role models (Tully et al., 2017), as well as informing practitioners and parents (both mothers and fathers) about the importance of, and evidence base for, including fathers in parenting interventions. Further, targeting father-friendly venues for advertising and delivery of parenting interventions may help to raise father awareness of, and involvement in, parenting interventions.

Second, it is crucial that parenting interventions are developed for, and promoted directly to, fathers. While it is unknown whether tailoring interventions to meet the needs of fathers results in higher levels of father participation, or increased intervention effectiveness, previous research has shown that tailoring content to suit fathers has resulted in high participation and retention rates as well as positive program outcomes (Frank et al., 2015). The results of this study suggest that fairly simple modifications can be made to the way in which parenting programs are promoted which may impact on father participation such as using father-inclusive advertising materials. Future studies should investigate whether modifying interventions to increase father engagement impacts on father participation levels or intervention effectiveness. Future research should also explore masculine beliefs as a barrier for participation and specific recruitment and engagement strategies for fathers who adhere strongly to masculine beliefs.

The strengths of this study include the use of a community sample of fathers who were not selected from a particular subgroup (e.g., at-risk fathers). Further, the sample included some fathers who had not previously participated in parenting interventions, which may increase the applicability of the findings to fathers who are less involved in parenting or who have little experience of parenting interventions. However, it is important to note that we did not specifically measure how many fathers had previously participated in parenting interventions, so we are unable to quantify this.

Despite these strengths, the results of this study should be interpreted with caution in light of two key limitations. First, although the sample size in this study was appropriate for the methodology used to obtain qualitative data, it is also possible that the inclusion of 41 participants meant not all possible father perspectives on barriers and preferences for parenting interventions were captured. Second, despite the use of a community sample to enhance the representativeness of our findings, the majority of fathers who participated had a high level of education and were married; therefore the findings may not be generalisable to all fathers in the community. Future research could seek to replicate or extend these findings with broader samples of fathers, in order to better understand the range of barriers and preferences for participation in parenting interventions.

In summary, the current study highlights a number of perceived barriers and preferences for parenting interventions reported by a community sample of fathers. Our findings build on previous literature by highlighting fathers' beliefs around gender roles and help-seeking, as well as the perception that interventions are predominantly

mother-focused, which may act as barriers to father involvement in parenting interventions. Strategies to overcome these barriers and better meet the needs of fathers may help to increase father participation in parenting interventions in the future.

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